



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit

Applicant information:

Please PRINT legibly

name: _____

location: _____

city _____

phone # _____

- ☐ I am a homeowner performing all work myself.
☐ I am a sole proprietor and have no one working in any capacity
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

- ☐ I am a sole proprietor, general contractor, or homeowner (*circle one*) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

company name: _____

address: _____

city: _____

phone #: _____

insurance co. _____

policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

☐ check if immediate response is required

contact person: _____ phone #: _____

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____